

CHECKLIST OF REQUIRED DOCUMENTATION FOR UTILIZATION MANAGEMENT

Sage Version 2.0

IMPORTANT NOTES:

- **Documentation, including forms within Sage and assessments, must be completed and signed on the date indicated on the documentation. Providers may NOT back- or forward-date documentation so that it appears to have been completed and signed on a different date than was actually the case.**
- **Required Template Language for Level of Care Justifications** (see below Checklist for where this language should be documented)
 - LEVEL OF CARE JUSTIFICATION – Given the patient’s history and condition, the patient is determined to be appropriate for ____ *[INSERT APPROPRIATE LEVEL OF CARE IN WHICH PATIENT WILL BE PLACED]*. While the other level(s) of care of ____ *[ENTER OTHER CONSIDERED LEVEL(S) OF CARE]* were considered, the patient was ultimately determined to be most appropriate for ____ *[ENTER LEVEL OF CARE PATIENT WAS REFERRED TO]* because ____ *[DESCRIBE THE SPECIFIC REASONS WHY THE REFERRED TO LEVEL OF CARE IS BEST FOR THE PATIENT, INCLUDING IF AND WHY PATIENT IS BEING STEPPED UP/DOWN LEVEL OF CARE]*.
- **ASAM Reassessments**
 - For information on when ASAM reassessments are required, see the document titled “**ASAM Assessment Requirements for Level of Care Transitions**” on the SAPC website.
 - Information/data gathered from ASAM CONTINUUM assessments can and should be pulled forward for re-assessments to improve efficiencies for re-assessments. If information is pulled forward from prior assessments into re-assessments, the re-assessments should include modified and updated information from prior assessments.
 - Release of information (aka: consent) will be required to transfer information/data from an ASAM CONTINUUM assessment from one provider agency to a different agency. If release of information is not obtained between provider agencies, information from prior assessments from the initial provider agency will not be visible to the other agency due to confidentiality requirements.
- **When Member Authorization Periods Extend Beyond the Eligibility Verification Period** (see “UM Procedural Clarification” slides on SAPC website for more details)
 - Non-Residential Services
 - When submitting a new Member Authorization for non-residential services, if the Eligibility Verification period expires WITHIN 30 calendar days, the new Eligibility Verification period of either 6-months (for non-OTP services) or 12-months (for OTP services) will be applied to the end of the previous Eligibility Verification period.
 - Residential Services
 - When submitting a new Member Authorization for residential services, if the Member Authorization period extends beyond the Eligibility Verification period, the new Eligibility Verification period will be applied to the end of the previous Eligibility Verification period in addition to the remainder of the residential Member Authorization.
 - RBH
 - RBH providers are NOT responsible for requesting extension of the Eligibility Verification period – this is the responsibility of the outpatient treatment provider (see Non-Residential Services bullet above). RBH providers ARE responsible for collaborating, coordinating and communicating with the outpatient provider to ensure patient is concurrently enrolled in outpatient treatment.
- **Member Authorizations**
 - Member Authorizations within Sage are required for all services, including for changes in service location/site. See SAPC Bulletin 18-07 for additional details.

Checklist of Required Documentation	
Medical Necessity for Outpatient Services (1.0 ASAM level of care)	
Initial Eligibility Verification Request	Re-Verification of Eligibility
<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Complete ASAM CONTINUUM assessment for Young Adults (18 – 20) or Adults (21+), or SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • Signature by LPHA or licensed-eligible LPHA <input type="checkbox"/> Level of Care Justifications <ul style="list-style-type: none"> • For Young Adults (18 – 20) or Adults (21+): <ul style="list-style-type: none"> ▪ If applicable, rationale for overriding ASAM diagnosis and/or level of care recommendations (e.g., selecting one level of care over multiple that are recommended by the ASAM CONTINUUM assessment) must be documented in a Miscellaneous Note signed or co-signed by an LPHA or licensed-eligible LPHA. • For Youth (12 – 17): <ul style="list-style-type: none"> ▪ If applicable, level of care justifications must be documented in the paper-based youth ASAM assessment and signed or co-signed by an LPHA or licensed-eligible LPHA. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form 	<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 90 days. <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES • Must include: <ul style="list-style-type: none"> ○ Signature by LPHA or licensed-eligible LPHA ○ Counselor Signature (if applicable) ○ Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination.
PERINATAL and PARENTING – PPW Residential Patients* *See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services	
<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Initial Eligibility Verification Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required documentation for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren). 	<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Re-Verification of Eligibility Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required items for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).
Discharge	
<input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> • Sage Discharge and Transfer Form • Discharge from CalOMS 	

Checklist of Required Documentation	
Medical Necessity for Intensive Outpatient Services (2.1 ASAM level of care)	
Initial Eligibility Verification Request	Re-Verification of Eligibility
<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Complete ASAM CONTINUUM assessment for Young Adults (18 – 20) or Adults (21+), or SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • Signature by LPHA or licensed-eligible LPHA <input type="checkbox"/> Level of Care Justifications <ul style="list-style-type: none"> • For Young Adults (18 – 20) or Adults (21+): <ul style="list-style-type: none"> ▪ If applicable, rationale for overriding ASAM diagnosis and/or level of care recommendations (e.g., selecting one level of care over multiple that are recommended by the ASAM CONTINUUM assessment) must be documented in a Miscellaneous Note signed or co-signed by an LPHA or licensed-eligible LPHA. • For Youth (12 – 17): <ul style="list-style-type: none"> ▪ If applicable, level of care justifications must be documented in the paper-based youth ASAM assessment and signed or co-signed by an LPHA or licensed-eligible LPHA. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form 	<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 90 days. <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES • Must include: <ul style="list-style-type: none"> ○ Signature by LPHA or licensed-eligible LPHA ○ Counselor Signature (if applicable) ○ Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination.
PERINATAL and PARENTING – PPW Residential Patients* *See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services	
<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Initial Eligibility Verification Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required documentation for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren). 	<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Re-Verification of Eligibility Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required items for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).
Discharge	
<input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> • Sage Discharge and Transfer Form • Discharge from CalOMS 	

Checklist of Required Documentation	
Medical Necessity for Opioid Treatment Program (OTP)	
Initial Eligibility Verification Request	Re-Verification of Eligibility
<input type="checkbox"/> Sage Authorization Request Form* *NOTES: <ul style="list-style-type: none"> • Detox in OTP settings – Requests for detox within an OTP setting (for up to 21 days) do NOT require use of the Sage Authorization Request Form to submit Member Authorizations because this service is billed to Fee-for-Service Medi-Cal, as opposed to SAPC. However, a CalOMS admission is still required in this instance. Once patients are transitioned from detox to maintenance, providers must submit a Sage Authorization Request, discharge the patient from detox on CalOMS, and admit patients into maintenance on CalOMS. • Continuous Treatment Dates (CTD) – OTP providers should submit a new Member Authorization within Sage on the Continuous Treatment Date to align the annual justification requirement with the 12-month Eligibility Verification period. In these instances, in the comments field of the Sage Authorization Request Form, please enter the following information so that SAPC staff understand the reason for the Member Authorization and have visibility on the CTD: “This is a re-verification request to align the Member Authorization with the patient’s Continuous Treatment Date on MM/DD/YY (enter patient’s CTD).” <input type="checkbox"/> Complete ASAM CONTINUUM assessment for Young Adults (18 – 20) or Adults (21+), or SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • Signature by LPHA or licensed-eligible LPHA <input type="checkbox"/> If applicable, rationale for overriding ASAM diagnosis and/or level of care recommendations (e.g., selecting one level of care over multiple that are recommended by the ASAM CONTINUUM assessment) must be documented in a Miscellaneous Note signed or co-signed by an LPHA or licensed-eligible LPHA for Young Adults (18 – 20) and Adults (21+), and in the paper-based youth ASAM assessment for Youth (12 – 17). <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form 	<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 90 days. <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES • Must include: <ul style="list-style-type: none"> ○ Signature by LPHA or licensed-eligible LPHA ○ Counselor Signature (if applicable) ○ Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination.
PERINATAL and PARENTING – PPW Residential Patients* *See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services	
<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Initial Eligibility Verification Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required documentation for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren). 	<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Re-Verification of Eligibility Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required items for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).
Discharge	
<input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> • Sage Discharge and Transfer Form • Discharge from CalOMS 	

Checklist of Required Documentation	
Medical Necessity for Residential Treatment Services (3.1, 3.3, 3.5 ASAM levels of care) – Youth, Young Adult, Adults	
Initial Pre-Authorization Request	Re-Authorization Request
<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Complete ASAM CONTINUUM assessment for Young Adults (18 – 20) or Adults (21+), or SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • Signature by LPHA or licensed-eligible LPHA <input type="checkbox"/> Level of Care Justifications <ul style="list-style-type: none"> • For Young Adults (18 – 20) or Adults (21+): <ul style="list-style-type: none"> ▪ If applicable, rationale for overriding ASAM diagnosis and/or level of care recommendations (e.g., selecting one level of care over multiple that are recommended by the ASAM CONTINUUM assessment) must be documented in a Miscellaneous Note signed or co-signed by an LPHA or licensed-eligible LPHA. • For Youth (12 – 17): <ul style="list-style-type: none"> ▪ If applicable, level of care justifications must be documented in the paper-based youth ASAM assessment and signed or co-signed by an LPHA or licensed-eligible LPHA. <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form 	<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days. <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES • Must include: <ul style="list-style-type: none"> ○ Signature by LPHA or licensed-eligible LPHA ○ Counselor Signature (if applicable) ○ Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination.
PERINATAL and PARENTING – PPW Residential Patients* *See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services	
<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Initial Pre-Authorization Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required documentation for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren). 	<input type="checkbox"/> For Perinatal PPW patients, must include all of the above “Re-Authorization Request” items, PLUS: <ul style="list-style-type: none"> • Medical documentation that substantiates the patient’s perinatal status. <input type="checkbox"/> For Parenting—PPW patients, must include all required items for this level of care, PLUS: <ul style="list-style-type: none"> • A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).
CRIMINAL JUSTICE Residential Patients	
<input type="checkbox"/> All of the above items, PLUS: <ul style="list-style-type: none"> • Documentation that substantiates the patient’s criminal justice involvement (e.g. Criminal Justice Identification Number, minute order, Los Angeles Sheriff Department’s “START Admit Form”, etc). 	<input type="checkbox"/> All of the above items, PLUS: <ul style="list-style-type: none"> • Documentation that substantiates the patient’s criminal justice involvement (e.g. Criminal Justice Identification Number, minute order, involvement in Los Angeles Sheriff Department’s “START Admit Form”, etc).
Discharge	
<input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> • Sage Discharge and Transfer Form • Discharge from CalOMS 	

Checklist of Required Documentation	
Medical Necessity for Medications for Addiction Treatment (MAT) for Youth age 17 and Under	
Initial Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Complete SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • Signature by LPHA or licensed-eligible LPHA <input type="checkbox"/> If applicable, rationale for MAT, level of care, and/or diagnosis must be documented in the paper-based youth ASAM assessment and signed or co-signed by an LPHA or licensed-eligible LPHA. <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Written parental consent for treatment with MAT is required for all youth under age 18. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days. <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES • Must include: <ul style="list-style-type: none"> ○ Signature by LPHA or licensed-eligible LPHA ○ Counselor Signature (if applicable) ○ Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination.

Medical Necessity for Withdrawal Management for Youth age 17 and Under (any level of WM)

Initial Authorization Request*

*This service is limited to a 14-calendar day per episode, with no extensions.

- ☐ Sage Authorization Request Form
- ☐ Complete SAPC ASAM assessment for Youth (12 – 17).
 - DSM-5 substance use disorder diagnosis
 - Appropriate level of care determination
 - Signature by LPHA or licensed-eligible LPHA
- ☐ If applicable, rationale for WM, level of care, and/or diagnosis must be documented in the paper-based youth ASAM assessment and signed or co-signed by an LPHA or licensed-eligible LPHA.
- ☐ Pertinent laboratory/drug testing results – IF APPLICABLE.
- ☐ If requesting MAT, written parental consent for treatment with MAT is required for youth under age 18.
- ☐ Other required Sage-related processes:
 - Sage Financial Eligibility Form
 - Sage Provider Diagnosis (ICD-10) Form
 - Sage CalOMS Admission Form
 - Sage Clinical Contact Form

Discharge

- ☐ Required Sage-related processes when patient is discharged:
 - Sage Discharge and Transfer Form
 - Discharge from CalOMS

Checklist of Required Documentation	
Recovery Bridge Housing – Young Adults, Adults	
Initial Authorization Request	Re-Authorization Request
<input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> <i>RBH provider</i> must submit documentation that (1) verifies enrollment in outpatient (OP, IOP, OTP, OP-WM) treatment, (2) identifies which outpatient provider is providing the treatment, and (3) describes homelessness status. RBH providers are not responsible for establishing eligibility for outpatient treatment, but MUST collaborate with outpatient provider and submit documentation of concurrent enrollment in outpatient treatment. <ul style="list-style-type: none"> For example, at least ONE of the following must be submitted <i>by RBH provider</i>: <ul style="list-style-type: none"> Treatment Plan from outpatient treatment provider (including indication of need for RBH and homeless status). Letter or other documentation from outpatient treatment provider verifying participation in outpatient treatment and homeless status. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> Sage Financial Eligibility Form Sage Provider Diagnosis (ICD-10) Form Sage Clinical Contact Form 	<input type="checkbox"/> Sage-related processes: <ul style="list-style-type: none"> Sage Authorization Request Form Sage Financial Eligibility Form Sage Authorization Form Sage Clinical Contact Form <input type="checkbox"/> <i>RBH provider</i> must submit documentation verifying enrollment in outpatient (OP, IOP, OTP, OP-WM) treatment services and homelessness status. <ul style="list-style-type: none"> For example, at least ONE of the following: <ul style="list-style-type: none"> Treatment Plan from treatment provider (including indication of need for RBH and homeless status) Member Authorization for outpatient treatment <input type="checkbox"/> <i>RBH provider</i> must submit documentation that CLEARLY EXPLAINS NEED FOR ONGOING RBH PLACEMENT. <ul style="list-style-type: none"> For example: Indication on an Miscellaneous Note that patient still does not have permanent or alternative housing, and the steps the outpatient treatment provider has taken and is taking to secure permanent or alternative housing for the patient. <i>RBH provider is responsible for collaborating with outpatient treatment provider to access and ensure submission of the required documents.</i>
Recovery Bridge Housing – Perinatal Population	
Initial Authorization Request	Re-Authorization Request
<input type="checkbox"/> All of the above items, PLUS: <ul style="list-style-type: none"> Medical documentation that substantiates the patient's perinatal status. 	<input type="checkbox"/> All of the above items, PLUS: <ul style="list-style-type: none"> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination. This may include additional medical documentation regarding patient's pregnancy or post-partum status.
Discharge – Recovery Bridge Housing (all populations)	
<input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> Sage Recovery Bridge Housing Discharge Form 	

Checklist of Required Documentation	
Medical Necessity for Adult Withdrawal Management (1-WM, 3.2-WM, 3.7-WM, 4-WM levels of care)	
Initial Eligibility Verification Request*	
*This service is limited to a 14-calendar day per episode, with no extensions.	
<div> <input type="checkbox"/> Sage Authorization Request Form </div> <div> <input type="checkbox"/> Complete ASAM CONTINUUM assessment for Young Adults (18 – 20) or Adults (21+), or SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • Signature by LPHA or licensed-eligible LPHA </div> <div> <input type="checkbox"/> If applicable, rationale for overriding ASAM diagnosis and/or level of care recommendations (e.g., selecting one level of care over multiple that are recommended by the ASAM CONTINUUM assessment) must be documented in a Miscellaneous Note signed or co-signed by an LPHA or licensed-eligible LPHA. </div> <div> <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE. </div> <div> <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form </div>	
Discharge	
<div> <input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> • Sage Discharge and Transfer Form • Discharge from CalOMS </div>	

Checklist of Required Documentation	
Medical Necessity for Recovery Support Services (RSS)	
Initial Eligibility Verification Request	Re-Verification of Eligibility*
<p>*If a patient is transitioning from any other level of SUD care into Recovery Support Services and the eligibility period is still active → Please submit the following as the patient is initiating RSS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sage Authorization Request Form <ul style="list-style-type: none"> • Provide justification/explanation of need for RSS <input type="checkbox"/> Sage CalOMS Admission Form (for RSS) 	<p>*Re-verification of RSS must occur at least once every <u>6 months</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sage Authorization Request Form <input type="checkbox"/> Miscellaneous Note that includes: <ul style="list-style-type: none"> ○ Justification of need for ongoing Recovery Support Services ○ Signature by LPHA or licensed-eligible LPHA ○ Counselor Signature (if applicable) <input type="checkbox"/> Most current Treatment Plan that MUST be updated at least within the last 90 days. <ul style="list-style-type: none"> ○ Must include: <ul style="list-style-type: none"> ▪ RSS goals and planned interventions ▪ Signature by LPHA or licensed-eligible LPHA ▪ Counselor Signature (if applicable) ▪ Patient Signature <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination.
<p>**If a patient is entering into Recovery Support Services for the first time (e.g., leaving SUD treatment in the in-custody setting and entering directly into Recovery Support Services in the community upon release), without transitioning down from another level of care → Please submit the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sage Authorization Request Form <ul style="list-style-type: none"> • Provide justification/explanation of need for RSS <input type="checkbox"/> Complete ASAM CONTINUUM assessment for Young Adults (18 – 20) or Adults (21+), or SAPC ASAM assessment for Youth (12 – 17). <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis* • Appropriate level of care determination* • Signature by LPHA or licensed-eligible LPHA <ul style="list-style-type: none"> *RSS patients may not meet DSM-5 substance use disorder diagnosis or an ASAM level of care, so providers will likely need to justify/explain need for RSS in these instances via a Miscellaneous Note that is signed or co-signed by an LPHA or licensed-eligible LPHA. <input type="checkbox"/> Other required Sage-related processes: <ul style="list-style-type: none"> • Sage Financial Eligibility Form • Sage Provider Diagnosis (ICD-10) Form • Sage CalOMS Admission Form • Sage Clinical Contact Form 	
Discharge	
<ul style="list-style-type: none"> <input type="checkbox"/> Required Sage-related processes when patient is discharged: <ul style="list-style-type: none"> • Sage Discharge and Transfer Form • Discharge from CalOMS 	

Checklist of Required Documentation

Non-SAPC Lines of Business (e.g., private pay patients)

- Providers are required by the State to use Sage for submission of CalOMS data for non-SAPC lines of business that fall outside of SAPC's responsibility, and may also use Sage for clinical documentation for this group as well.
- **Providers SHOULD NOT submit Sage Authorizations or Billing for these patients.**

- ☐ Sage CalOMS Admission/Discharge Forms.
- ☐ Sage Financial Eligibility Form
 - Should indicate "Private Pay" under payor for patients who are not enrolled in or eligible for Medi-Cal and do not have My Health LA and fall outside of SAPC's responsibilities (e.g. private pay, private insurance, etc).
- ☐ Clinical Documentation, as needed, to meet your business needs.
***NOTE:** SAPC will NOT be reviewing clinical documentation for patients that fall outside of SAPC's responsibility.